

# Report to the Los Angeles County Board of Supervisors

IMPACTS TO PUBLIC HEALTH AND THE COUNTY DEPARTMENT OF PUBLIC HEALTH  
SHOULD THE PROPOSED BALLOT INITIATIVE CREATING A PUBLIC HEALTH DEPARTMENT  
IN THE CITY OF LOS ANGELES BE PASSED BY THE VOTERS

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# Presentation Overview



- I. The Initiative
- II. The Current County Department of Public Health Responsibilities
- III. The Impacts of the Initiative

## The INITIATIVE Would:

1. Establish a city health department to administer and enforce public health laws in the City of Los Angeles.
2. Require all costs for the establishment of the new department to be derived from current fees collected and paid to the County as a result of its activities to enforce public health laws in the City.
3. Require future revenue for the new department to be generated from the collection of all fees, including, license, permit, and/or certification fees generated by the City's enforcement.
4. Immediately prohibit the City from contracting with the County to provide for enforcement of public health laws.
5. Require the new department to be established within 120 days after the ordinance is enacted.

# History

- On February 8, 1963, the City Council adopted an Ordinance which notified the Los Angeles County Board of Supervisors that the City would be abandoning the City Health Services Department on July 1, 1964.
- On June 18, 1964, the City and the County mutually entered into a contract authorizing the County to enforce the City's public health laws within the City's boundaries.
- The County pursuant to this contract has served the public health needs of the City of Los Angeles for nearly 50 years.

# General Public Health Responsibilities

- Preventing and Controlling Disease
- Protecting Health with Safe and Healthy Environments
- Promoting Good Health



# Job 1: Protection of the Public's Health



- Early Warning Systems & Infrastructure
  - 24/7 disease surveillance
  - State-of-the-art public health laboratory
  - One-of-a-kind partnerships
  - Biological, radiological terrorism plans and exercises
  - Action-oriented response to emerging infections
- Assuring conditions to protect health
  - Housing and food facility inspections
  - Childhood lead poisoning prevention
  - Licensure of hospitals/long term care facilities

# Examples of Visible Public Health

- ✓ 14 Public Health clinics provide medical treatment for TB and STDs, triage for communicable disease, and immunizations
- ✓ Letter grades on restaurants and food trucks
- ✓ Calorie labels on menus
- ✓ Smoke-free parks, beaches, and apartments
- ✓ Free nicotine patches to help smokers quit
- ✓ Safety postings related to sewage spills and fish contamination
- ✓ Campaigns to encourage healthy behaviors and promote services (e.g. smoking cessation, preparedness, portion control, STD home test kits)



# Examples of Invisible Public Health

- ✓ Investigate reported disease and manage an early warning system that flags disease clusters or outbreaks – and even single cases of priority diseases or infections
- ✓ Investigate consumer complaints about food items, restaurants, housing, noise and animal infestations
- ✓ Inspect retail locations to ensure recalled items have been removed from shelves
- ✓ Conduct food safety inspections at hundreds of school cafeterias
- ✓ Support delivery of lifesaving medical care and support services to thousands of low-income residents living with HIV/AIDS
- ✓ Track prescription drug data to identify super prescribers of drugs with danger of addiction





## Major Impacts of the Initiative

1. Public Health Protection
2. Service Delivery
3. Economic
4. Workforce

## **Impact: *Public Health Protection***

The Initiative would:

1. Immediately terminate the 1964 contract, between the City and the County, which transferred public health responsibilities to the County;
2. Require the City to create a separate City public health department within 120 days; and
3. Prohibit any future contracts with the County to enforce public health laws in the City.

**As a result, the Initiative would create an immediate gap in the provision of public health services and public health protection.**

## **Impact:** *Public Health Protection*

- 120 days is not sufficient to create a fully-functional, operational department.
- City CAO has estimated it would take up to 2 years to establish a new department.
- Public health threats won't wait 120 days, and **disease does not stop at City borders.**

## **Impact: *Public Health Protection***

- Dividing PH responsibilities would compromise the County's ability to quickly respond to urgent public health threats, such as:
  - Bioterrorism
  - Infectious disease
  - Environmental hazards
  - Natural disasters

**Because of the prohibition of contracting, there is potential for a long-term gap in comprehensive public health protection.**

## **Impact:** *Public Health Protection*

Dual disease control and surveillance systems would require increased public resources and complicate planning, surveillance, prevention and mitigation efforts for many types of disease and injury.

### Examples:

- Fragmented reporting systems for reportable disease could delay identification and control of serious threats.
- Time-sensitive disease investigation of cases and contacts often cross jurisdictions and would require rapid and efficient 24/7 coordination.

## **Impact: *Service Delivery***

- Reduces Public Health's countywide ability to:
  - mitigate public health disasters;
  - respond to natural and man-made emergencies;
  - reduce chronic disease;
  - address communicable and vector-borne diseases;
  - abate environmental health hazards;
  - inform consumers of health threats and new policies; and
  - offer preventive health services for communicable diseases at convenient locations.
- Because the County contracts with local jurisdictions and community based organizations, comprehensive public health coverage is achieved.

## **Impact: *Service Delivery***

- The cities of Long Beach and Pasadena have formal, ongoing contracts with the County that support multi-jurisdictional public health protection and health promotion initiatives.
  - These County contracts provide public health funding, that would otherwise not be available to the Cities, to support: emergency preparedness and response; chronic disease control; maternal, child and adolescent health; and public health improvements.
- Compared to the City of Los Angeles, Long Beach and Pasadena are relatively small with compact geographies.
- These cities offer a smaller set of public health services than the County and are crucial partners in addressing important health issues for the region.

## Impact: *Economic*

- To provide *an equivalent level* of public health services that City residents currently receive, the City estimated an annual operating cost of \$333 million\*.
- To provide the *minimum services*, not including fee-based services, DPH estimated the annual cost to the City would exceed \$50 million\*.
- Fees collected in the City fall well short of these estimates and by law can only be used to recover costs associated with the specific service being delivered for the fee.
- Both City and County fees are likely to increase for existing fee-supported services due to reduced economies of scale.

**Fees alone will not cover the City's cost and will not pay for an entire City Department of Public Health.**

\* Both estimates exclude start-up costs.



## **Impact: *Economic***

- County could not provide portion of external funds it receives for county-wide services to City due to the prohibition on contracting.
- County could save money to reallocate to other parts of the County or be used to meet other County needs.
- To provide existing range of County services, City would have to increase fees, assessments or taxes and/ or reallocate funds from other City departments or programs.

## **Impact: *Workforce***

- Potential annual losses in County fee recovery and grants  $\approx$  \$107 million.
- 960 County positions could be eliminated: reduced efficiency and effectiveness.
- Potential loss of Public Health expertise for County.
- No guarantee employees would be hired at City.
  - No guarantee of County-equivalent salary, benefits or seniority.
  - Timing issues.

## **Impact: *Confusion***

**Public**: Where to go with complaints? For information? For vital records?

**Clinicians**: Where to report cases of disease? Where to get health alerts? Uniform clinical guidance related to outbreaks?

**Partners and Contractors**: What happens to Countywide collaboratives and initiatives? Contracts with agencies operating in City?

**Regulated Industry**: Are there different fees? Are there different standards? Protocols? Inspection timetables?

**Media**: Multiple voices of authority? What if recommendations differ between jurisdictions?

# Summary

## *Anticipated Impacts*

- Threat to public's health (gap in public health of an unknown period of time)
  - Immediate and long-term
- Fractured response to urgent health threats
- Duplication of services (may impact service quality)
- Reduced efficiencies
- Costs: residents and industry
- Confusion

## *Important Constraints and Ambiguities*

- 120 day time horizon
- Fee utilization plan
- No preclusion of raising taxes or securing alternative funding from elsewhere in City budget
- Prohibition on contracts